

CONTROL NO.

REPORTS INVENTORY					
PREPARE IN DUPLICATE					
1. TITLE OF REPORT (if a fill-in report include Form No.)				2. TYPE OF REPORT	
				<input checked="" type="checkbox"/> STATISTICAL	<input type="checkbox"/> NARRATIVE
				<input type="checkbox"/> MACHINE-NAME LISTING	
Encumbrances				ADMIN. GENERAL	
3. FUNCTIONAL AREA		PERSONNEL	TRAINING		
		LOGISTICS	SECURITY	OTHER (specify)	
		MEDICAL	<input checked="" type="checkbox"/> FINANCE		
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)	
3		Monthly		2	
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT	
Statistical		YES	IF YES GIVE ADP PROCESSING NO.		
		NO		STAT	
10. PREPARING COMPONENT (include lowest level contributing information to report)		11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
OSI/B&F					
12. COST FACTORS					
A. MANUAL PREPARATION AND REVIEW COSTS					
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COGT PER REPORT X TIMES PREPARED = COST PER YEAR
B. COSTS OF COMPUTER PRODUCED REPORTS					
TOTAL COSTS PER YEAR				\$ 50.00	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.					
Provides a summary of dollars set aside to purchase supplies and equipment.					
14. FUTURE GOALS					
GOAL PROPOSED BY COMPONENT FOR THIS REPORT				ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)			MAN-HOURS	DOLLARS
<input type="checkbox"/> CHANGE				-0-	-0-
<input type="checkbox"/> DISCONTINUE					
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION		18. EXTENSION	
20 Oct 1970		OSI/B&F			